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Carson City Bi-Partisan Political Action Committee Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 ^{NO} PARTY IF LOAN GUARANTEED BY 3 ^{NO} PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
Tom Keeton 2113 St. George W Carson City, NV 8		\$250		DI G PART	
Jim Lemaire P.O. Box 1521 Carson City, NV 8	1/10/06	\$260			
Betty Brogan 3276 Kitchen Driv Carson City, NV 8	e 1/10/06	\$250			
Jed Block 3 Sierra Circle Carson City, NV 8	1/10/06	\$250			
Nicole Block 3 Sierra Circle Carson City, NV 8		\$250			
Ronni Hannaman 2733 Foxbell Dr. Carson City, NV 8		\$250			
Shelly Aldean 504 W. 5th St. Carson City, NV 8		\$250			
Candy Duncan 1819 Divot Road Carson City, NV 8		\$250			
Helaine Jesse 2201 W. College H Carson City, NV 89	5/24/06 9703	\$250			
Marsha Burgess 2249 Pinion Hills Carson City, NV 89		\$250	1-		
				:	

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<u>Carson City Bi-Partisan Political Action Committee</u> Name (print) Office (if applicable)

Office (if applicable)

District (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
	·	
·		

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District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

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^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Carson City Bi-Partisan Political Action Committee
Name (print) Office (if applicable)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
United States Postal Service	A	3/23/06	\$62.00
Nevada Appeal	D	7/27/06	\$1,042.00
			· · · · · · · · · · · · · · · · · · ·

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Carson City Bi-Partisan Political Action Committee

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
						/
		-				
					34.54	

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Carson	City	Bi-Partisan	Political	Action	Committee
Name (print)			O		

Office (if applicable)

District (if applicable)

in Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT

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Carson City Bi-Partisan Political Action Committee

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
		1317	Park St.
		,	
	5		

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Prescribed by Secretary of State
NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.362